## CLAIMS ONLY

| Application Number | Filing Date |
|---|---|
| Applicant(s) | |

* May be used for additional claims or amendments

| CLAIMS | AS FILED | | AFTER FIRST AMENDMENT | | AFTER SECOND AMENDMENT | |
|---|---|---|---|---|---|---|
| | Indep | Depend | Indep | Depend | Indep | Depend |
| 1 | 1 | | | | | |
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| Total Depend | 7 | | | | | |
| Total Claims | 8 | | | | | |

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